

Appl. No. 10/802,334
Amdt. Dated October 12, 2004
Reply to Office Action of September 10, 2004

REMARKS

Claims 1-29 are currently pending. No claims are being amended at this time.

Claims 1-18, 20-23, and 25-29 were rejected under 35 U.S.C. §103(a) as being unpatentable over Burko (U.S. Patent Application Pub No. 20020156672) in further view of Sugiyama (European Patent App No. EP0696006).

The Applicant traverses this rejection.

Each of the Applicant's claims defines a "patient registration kiosk system that allows patients to self-register for an appointment with a healthcare provider." Independent claim 1 recites, in part: "... a data interface that enables the healthcare provider to form an electronic communication link with the payor to confirm the patient's eligibility for coverage by the payor, based on the identified insurance plan information" Independent claims 12 and 17 each recite, in part: "... a data interface that allows the healthcare provider to confirm the patient's eligibility for coverage by the payor based on the identified insurance plan information ... ".

Thus, a patient's eligibility for coverage by the payor (insurance company) can be confirmed prior to the provider rendering services. Confirmed eligibility indicates that the insurance company has affirmatively acknowledged the patient's coverage. Traditionally, such a determination is made manually (via office personnel), and often only after the services are rendered. This long standing tradition of determining eligibility for coverage after the appointment is not trivial, and is still the normal course of action in the healthcare industry today.

As correctly noted by the Examiner, Burko fails to disclose a data interface that enables the healthcare provider to confirm the patient's eligibility for coverage by the payor, as recited in the Applicant's claims. To correct this deficiency, the Examiner cites Sugiyama.

The Applicant can find no occurrence where Sugiyama discloses a data interface that enables the healthcare provider to confirm the patient's eligibility for coverage by the payor as recited in the Applicant's claims. Sugiyama merely performs a local comparison

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of health insurance card images to verify that the patient's current health insurance card is the same as the card used for the patient's previous appointment.

In more detail, Sugiyama discloses an automatic patient reception and queuing system. (Title; Abstract; col. 1, lines 5-6). The system includes a scanner for converting data on a health insurance card or patient ID card into image data. (col. 1, lines 51-53; col. 2, lines 35-38; Figure 1, items 1 and 20). The system also includes a character recognition means for converting the image data into character data. (col. 1, lines 53-54; col. 2, lines 42-48; Figure 1, item 3). The system further includes a "cross-checking device" for verifying the validity of a newly acquired insurance card image. (col. 4, lines 14-15; Figure 1, item 9). In particular, Sugiyama discloses that "the validity of the health insurance card" can be confirmed by comparing the newly acquired image data with the previously acquired image data. (col. 6, lines 22-42). Sugiyama's Figure 6 shows how this comparison can be made visually, by viewing the previously acquired card image on side A of a split screen and the newly acquired card image on side B of the split screen. (col. 4, lines 16-20; Figure 6). Sugiyama then discloses that, if the new image data matches the previously stored image data, then "the validity of the health insurance card is verified." (col. 6, lines 50-51). Sugiyama further explains, that if the new image data does not agree with the previously stored image data, then "there is a likelihood that the patient is on the first visit or that the health insurance card has been renewed." (col. 7, lines 1-6). In such a case, staff intervention is required.

Thus, Sugiyama is merely comparing one health insurance card image (taken at a current appointment) with a previously recorded health insurance card image (taken at a previous appointment) to ensure that the health insurance card is the same, thereby indicating that the patient's apparent health insurance information is known to the hospital. At no point, however, does Sugiyama disclose or suggest how a healthcare provider could confirm the patient's eligibility for coverage by the insurance company. Indeed, Sugiyama does not even discuss contacting the insurance company. Simply stated, a patient's possession of an insurance card does not confirm a patient's eligibility for coverage by the insurance company.

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Each of Burko or Sugiyama suffers other deficiencies as well. For example, the Applicant's dependent **claim 6** further defines the "data interface" as forming "part of an electronic data interchange (EDI) between the healthcare provider and the payor." Also, dependent **claims 11 and 16** further define the "data interface" as operating "in conjunction with the server and the billing system to form the electronic communication link between the healthcare provider and the payor to confirm the patient's eligibility for coverage." Likewise, **claim 22** further defines the "data interface" as operating "in conjunction with the server and the billing system to establish electronic communication between the healthcare provider and the payor to confirm the patient's eligibility for coverage." The Applicant has reviewed the sections of Sugiyama cited by the Examiner as disclosing such an interface, and respectfully submits that no electronic data interchange (EDI) or communication is disclosed or suggested by Sugiyama. Rather, the sections cited by the Examiner discuss how the insurance card is validated by locally performing an image comparison as previously described.

Also, the Applicant's dependent **claim 27** further defines the "data interface" as allowing the "healthcare provider to confirm a co-pay associated with the patient." Burko merely determines if a co-payment is due based on the hospital's own existing records. (para. #s 0058-0059). However, no confirmation of the co-pay amount via a data interface to the payor is disclosed or suggested. The Applicant's dependent **claim 28** further defines the "data interface" as allowing the "healthcare provider to confirm particular plan benefits associated with the patient." The Applicant can find no occurrence where Burko or Sugiyama disclose or suggest using a data interface to confirm particular plan benefits associated with the patient.

Also, further note that the Applicant's dependent **claim 25** defines the claimed kiosk system as having at least one workstation that is "adapted to provide a split-screen display that allows a staff member of the healthcare provider to compare images of an insurance card associated with the patient with sample insurance card images provided by the payor." These claimed limitations are *in addition* to the data interface that allows the "healthcare provider to confirm the patient's eligibility for coverage by the payor." Thus,

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based on the patent rules of claim differentiation, the comparing of insurance card images recited in the Applicant's dependent claim 25 cannot be interpreted as having the same meaning as allowing a "healthcare provider to confirm the patient's eligibility for coverage by the payor" as recited in independent claim 17. Furthermore, the Applicant's claims 1-16 each recite "an insurance card scanner adapted to generate an image of each side of an insurance card associated with the patient for storage in the database." This scanner for imaging is *in addition* to the data interface for confirming patient's eligibility for coverage by the payor. Sugiyama does not disclose or suggest such an additional interface or confirmation.

For at least these reasons, the Applicant submits that neither Burko or Sugiyama or their combination disclose or suggest each and every limitation of the claimed invention as recited in the Applicant's independent claims 1, 12, and 17, as well as their respective dependent claims. As such, the Applicant respectfully requests that the Examiner reconsider and withdraw this rejection.

Claims 19 and 24 were rejected under 35 U.S.C. §103(a) as being unpatentable over Burko in further view of Sugiyama in further view of Labelle (U.S. Patent Application Pub No. 20020120476).

The Applicant traverses this rejection.

As a preliminary matter, the Applicant submits that the three-way combination of Burko, Sugiyama, and Labelle is improper in that, when taken as a whole, there is no motivation or suggestion to combine these three references to achieve the Applicant's claimed invention. Section 2143.01 of the MPEP states: "The mere fact that references can be combined or modified is not sufficient to establish *prima facie* obviousness." In addition, the "level of skill in the art cannot be relied upon to provide the suggestion to combine references."

Rather, there must be some objective reason to combine the teachings of the references to make the claimed invention. The Applicant cannot find such an objective reason, and the Examiner has provided no reason other than ordinary skill in the art in

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conjunction with Labelle's use of a server to sell insurance products. Labelle's primary objective is to facilitate the sale of insurance products (para. #s 0005-0006). In contrast, Burko discloses a system that allows a patient to schedule, manage, and modify an appointment with a professional (Title; Abstract; para. #0003), and Sugiyama discloses an automatic patient/queuing reception system for patients in a hospital setting (Title; Abstract; col. 1, lines 5-10).

Furthermore, note that modifying Burko and Sugiyama by Labelle would change the principle operation of Burko or Sugiyama from facilitating appointment making and patient reception to facilitating the sale of insurance products. Neither Burko or Sugiyama are concerned with the sale of insurance products. Thus, even if there was some suggestion to modify Burko and Sugiyama with Labelle, to do so would "require a change in the basic principle" under which the Burko and Sugiyama systems were designed to operate (to facilitate appointment making and patient reception). Such a combination therefore appears to be in contradiction to MPEP § 2143.01, which states that "the proposed modification cannot change the principle of operation of a reference."

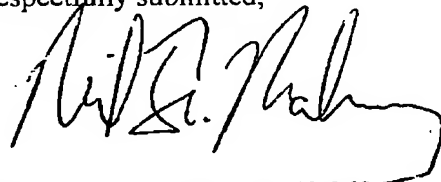
In addition, and as previously explained, neither Burko or Sugiyama or their combination disclose or suggest each and every claimed limitation recited in the Applicant's claims. For instance, neither Burko or Sugiyama or their combination discloses or suggests a data interface that allows the healthcare provider to confirm the patient's eligibility for coverage by the payor. Labelle does not remedy this deficiency. Nor does Labelle disclose or suggest various limitations recited in the Applicant's dependent claims, such as dependent claims 6, 11, 16, 22, 27, and 28, as previously discussed. Moreover, the Applicant has reviewed the sections cited by the Examiner, and can find no occurrence where Labelle discloses a system that has electronic access to current versions of payor provider manuals or sample insurance card images as those terms are known in the art. Rather, Labelle facilitates the transfer of information relevant to the sale of insurance products, such as service, underwriting, and pricing information. (para. #s 0022, 0025, and 0032).

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For at least these reasons, the Applicant submits that none of Burko, Sugiyama, Labelle, or their combination disclose or suggest the claimed invention as recited in the claims. Thus, the Applicant respectfully requests that the Examiner reconsider and withdraw this rejection.

The Applicant believes the above amendments and remarks to be fully responsive, thereby placing this application in condition for allowance. Favorable action is solicited. The Examiner is kindly invited to contact the undersigned attorney by telephone, facsimile, or email for quickest resolution, if there are any remaining issues.

Respectfully submitted,



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